## CLAIMS ONLY

| Application Number | Filing Date |
|---|---|
| Applicant(s) | |

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend | Indep | Depend |
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| 3 | | | | | | | 53 | | | | | | |
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| 6 | | 1 | | | | | 56 | | | | | | |
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| 22 | | 1 | | | | | 72 | | | | | | |
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| Total Indep | | | | | | | Total Indep | | | | | | |
| Total Depend | | | | | | | Total Depend | | | | | | |
| Total Claims | | | | | | | Total Claims | | | | | | |